

## DEPARTMENT OF AGING

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## PROGRAM MEMO

TO: <b>Area Agency on Aging (AAA) Directors</b>	NO.: <b>PM 03-08 (P)</b>
SUBJECT: <b>Title III E Area Plan Addendum for Fiscal Year (FY) 2003-04</b>	DATE ISSUED: <b>May 5, 2003</b>
REVISED:	EXPIRES: <b>Until Superseded</b>
REFERENCES: <b>PM 01-10 (P), PM 02-13 (P), PM 02-14(P), PM 03-01 (P), Older Americans Act Title III, Part E, Sections 371-374</b>	SUPERSEDES:
PROGRAMS AFFECTED: <input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input type="checkbox"/> Title III-D <input checked="" type="checkbox"/> Title III-E <input type="checkbox"/> Title V <input type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input type="checkbox"/> Other: _____	
REASON FOR PROGRAM MEMO: <input type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other Specify: <b><u>Update Requirements</u></b>	
INQUIRIES SHOULD BE DIRECTED TO: <b>Assigned AAA-Based Team</b>	

The purpose of this Program Memorandum (PM) is to convey to the AAAs the requirements for the FY 2003-04 Title III E Area Plan Addendum. The requirements are based upon the provisions of PM 01-10 (P), Family Caregiver Support Program (FCSP) guidelines. With this Addendum, the Department has made some minor changes to the instructions which include (1) requiring AAAs to provide a narrative description of challenges encountered in implementation and (2) removal of the requirement for submission of a budget with the addendum [see PM 03-01(P)].

The following components **must be** included in the FY 2003-04 Title III E Area Plan Addendum submitted to the Department:

- Instructions for updating the Area Plan Addendum
- Transmittal letter with appropriate signatures
- Narrative description of relevant changes to the AAA's FY 2002-03 Title III E Area Plan Addendum
- A description of challenges to implementation encountered by the AAA



- Accomplished, new, revised or continued objectives for the FY 2003-04 Title III E Service Unit Plan
- Any applicable Appendices (waivers)

The Service Matrix has been revised to include the new "Other" Supplemental Services—Money Management and Registry. The new Service Matrix is attached to this PM and will also be sent with subsequent reporting instructions. AAAs are reminded that they can submit a request for approval of additional program categories/service units during this fiscal year. Once approved, these categories/service units will be reported under Supplemental Services and a separate reporting form will be required.

An original plus two copies of the FY 2003-04 Title III E Area Plan Addendum must be submitted no later than **August 1, 2003** to:

California Department of Aging  
ATTN: AAA-Based Team \_\_\_\_ (assigned Team 1, 2, or 3)  
1600 K Street  
Sacramento, CA 95814

After submission of the 2003-04 Addendum, AAAs can submit updated objectives to the Title III E Area Plan Addendum at any time during the year. A diskette which includes this PM and all attachments is enclosed.

**Original Signed by Lora Connolly for Lynda Terry**

Lynda Terry  
Director

Attachments: Title III E Area Plan Addendum Instructions Fiscal Year 2003-04  
Transmittal Letter  
Appendix IA (III E)  
Appendix IB (III E)  
Appendix IX (III E)  
Title III E Service Unit Plan: Fiscal Year 2003-04  
Family Caregiver Support Program Service Matrix

Enclosure: Diskette

## Title III E Area Plan Addendum Instructions Fiscal Year 2003-04

**Submit an original and two copies of your FY 2003-04 Addendum and include a copy of these instructions with appropriate sections checked.**

1.	Transmittal Letter as a Cover Letter	REQUIRED
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- ☐ Submit a transmittal letter signed by the AAA Director, Chair of the Advisory Council, and Chair of the Governing Board. (Place the Transmittal Letter behind the cover page of your Title III E Area Plan Addendum.)

2.	Narrative Description of Relevant Changes	REQUIRED
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- ☐ Attach a narrative describing relevant changes to your FY 2003-04 Title III E Area Plan Addendum.

The Narrative Must Describe:

- ☐ Amended sections of the Area Plan Addendum.
- ☐ Affected goals.
- ☐ Location of objectives that are new, revised, or continued.
- ☐ Any new needs assessment findings, which have influenced the AAA's planned direction.

3.	Goals and Objectives	REQUIRED
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- ☐ Include a goal and/or objective for each of the FCSP service categories funded by the AAA.
- ☐ Indicate the status of each goal and objective (e.g., accomplished, new, revised, or continued).
- ☐ All goals and objectives must comply with the requirements of the California Code of Regulations, Title 22, Article 3, §7300(c).

Goals are statements of ideal conditions that the AAA wishes to achieve through its planned efforts. Objectives are measurable statements of action to meet the goals. Objectives indicate the following:

- (1) The nature of the action.
- (2) The party responsible for the action.

- (3) How the action will be accomplished.
- (4) The anticipated outcome of that action.
- (5) How the outcome of the action will be measured.
- (6) The projected dates for starting and completing the action.

4.	Needs Assessment Activities	OPTIONAL
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- ☐ Include a description of any needs assessment activities planned for the coming fiscal year.

5.	Implementation Challenges	REQUIRED
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- ☐ Describe challenges to implementation encountered by the AAA, such as:
- Adequacy of providers to serve the eligible service population.
  - Discrepancies between budgeted services versus actual services delivered.
  - Cultural barriers to service delivery.
  - Capacity to meet the needs of grandparents raising grandchildren.
  - Ability to meet funding requirements.

6.	Service Units	REQUIRED
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- ☐ Attach the completed FY 2003-04 Title III E Service Unit Plan.
- ☐ Include in the Title III E Service Unit Plan units for each service category funded in the Title III E Budget (CDA 269).

7.	Waivers	OPTIONAL
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- ☐ Attach a revised Appendix IA (III E) and/or IB (III E) if there has been a change in direct service activities as approved in your Title III E 2002-03 Area Plan Addendum.
- ☐ Attach Appendix IX (III E) "Notice of Intent for Non-Expenditure of Funds," if you do not fund one or more of the five FCSP Support Services.

### **TRANSMITTAL LETTER**

**Instructions:** Please submit a Transmittal Letter (with required language as shown in the sample below). Include your PSA number, official name of the appropriate governing body (Board of Directors, Governing Board, etc.), and signatures of the Chair of the Governing Board, Chair of the Advisory Council, and the AAA Director. The Transmittal Letter should be placed behind the title page of your Title III E Area Plan Addendum.

Please note that the language used in this transmittal letter may also be used in local resolutions required for transmittal of the Area Plan.

### **SAMPLE TRANSMITTAL LETTER WITH REQUIRED LANGUAGE**

This FY 2003-04 Update of the Title III E Area Plan Addendum for Planning and Service Area (PSA#) is hereby submitted to the California Department of Aging for approval. The (appropriate Governing Board) supports the development of community-based systems of care and recognizes the responsibility within each community \_\_\_\_\_ to establish systems in order to address the care needs of older individuals and individuals 18 and older with disabilities, their families, and caregivers.

1. (Signed) \_\_\_\_\_  
Chair, Governing Board Date

The Area Agency Advisory Council has had the opportunity to participate in the planning process and to review and comment on the Area Plan.

2. (Signed) \_\_\_\_\_  
Chair, Area Agency on Aging  
Advisory Council Date

3. (Signed) \_\_\_\_\_  
Director, Area Agency on Aging Date

## APPENDIX IA (III E)

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### NOTICE OF INTENT FOR AREA AGENCY ON AGING TO PROVIDE SPECIFIED FAMILY CAREGIVER SUPPORT SERVICES California Code of Regulations, §7320 and Older Americans Act, as amended 2000

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The Title III E services listed below are considered part of the function of an Area Agency on Aging (AAA) and may be provided as a direct service. All AAAs that intend to provide these Family Caregiver Support Services in FY 2003-04 must submit Appendix IA with the Area Plan Addendum.

The AAA will receive authorization to provide these services in FY 2003-04 through the Area Plan Addendum approval process.

If this is a **new** request to provide direct services, check FY 2003-04 and **complete the narrative section below.**

#### Check All Applicable Service Categories

- ☐ Information and Assistance for Caregivers
- ☐ Comprehensive Assessment to Collect Information About Caregivers
- ☐ Case Management for Caregivers
- ☐ Outreach to Caregivers

#### Check All Applicable Fiscal Years

- |                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 01-02 | <input type="checkbox"/> 02-03 | <input type="checkbox"/> 03-04 |
| <input type="checkbox"/> 01-02 | <input type="checkbox"/> 02-03 | <input type="checkbox"/> 03-04 |
| <input type="checkbox"/> 01-02 | <input type="checkbox"/> 02-03 | <input type="checkbox"/> 03-04 |
| <input type="checkbox"/> 01-02 | <input type="checkbox"/> 02-03 | <input type="checkbox"/> 03-04 |

**Describe the methods that will be used to assure that the above direct services will be available to the eligible service population throughout the Planning and Service Area.**

## APPENDIX IB (III E)

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### REQUEST FOR APPROVAL TO PROVIDE TITLE III E DIRECT SERVICES Older Americans Act, Section 307(a)(8) California Code of Regulations, Article 3, §7320(c)

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Complete a separate Appendix for each type of Family Caregiver Support Program service category for which the Area Agency is requesting direct service approval. Do **not** include any of the services identified in Appendix IA (III E). Approval for a direct service waiver will be included in the Title III E Area Plan Addendum approval process.

Type of Service: \_\_\_\_\_

#### **Basis of Request for Waiver (check the appropriate box):**

☐ Necessary to Assure an Adequate Supply of Services

-OR-

☐ Comparable Quality is More Economical if Provided by the AAA

If this is a **new** request to provide direct services, check FY 2003-04 and **complete the justification section**:

☐ FY 2001-02

☐ FY 2002-03

☐ FY 2003-04

**Justification:** Summarize the process followed and the facts that support this request. List the documentation available and place an asterisk next to the items that are provided as attachments.

## APPENDIX IX (III E)

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### FAMILY CAREGIVER SUPPORT PROGRAM Notice of Intent for Non-Expenditure of Funds

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Based on review of current family caregiver support needs and services, the Area Agency on Aging does not intend to fund the following federal support services(s) defined in Title III, Part E, Section 373 (b):

#### Support Service

- ☐ Service Information  
(Information to caregivers about available services)
- ☐ Access  
(Assistance to caregivers in gaining access to services)
- ☐ Caregiver Support Services
- ☐ Respite  
(Respite care to enable caregivers to be temporarily relieved from their care giving responsibilities)
- ☐ Supplemental Services  
(Supplemental services, on a limited basis, to complement the care provided by caregivers)

**Justification:** For any of the five support services not funded, explain why services will not be funded or how these services are being addressed in the PSA.



**Title III E Service Unit Plan: Fiscal Year 2003-04  
Year Three of the Planning Period**

Indicate the number of units of service to be provided with **ALL funding sources**, including federal funds, State funds, program income, and all local funds. Use only units of service identified in the Family Caregiver Support Program Service Matrix and approved services in the "Other" category.

In the Goals and Objectives column, identify the goal and objective number(s) for each service category funded.

<u><b>TITLE III E</b></u>	<u><b>Service Categories</b></u>	<u><b>Goals and Objectives (Required)</b></u>
	<u>Outreach</u>  Units of Service _____ (1 contact)	Goal # _____ Objective #s _____ Objective #s _____ Objective #s _____
	<u>Community Education</u>  Units of Service _____ (1 hour)	Goal # _____ Objective #s _____ Objective #s _____ Objective #s _____
	<u>Information and Assistance</u>  Units of Service _____ (1 contact)	Goal # _____ Objective #s _____ Objective #s _____ Objective #s _____
	<u>Comprehensive Assessment</u>  Units of Service _____ (1 hour)	Goal # _____ Objective #s _____ Objective #s _____ Objective #s _____
	<u>Case Management</u>  Units of Service _____ (1 hour)	Goal # _____ Objective #s _____ Objective #s _____ Objective #s _____

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Transportation

Units of Service \_\_\_\_\_ (1 one-way trip)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Assisted Transportation

Units of Service \_\_\_\_\_ (1 one-way trip)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Counseling

Units of Service \_\_\_\_\_ (1 hour)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Caregiver Support Group

Units of Service \_\_\_\_\_ (1 hour meeting)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Caregiver Training

Units of Service \_\_\_\_\_ (1 contact)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Respite Care Services

Units of Service \_\_\_\_\_ (1 hour)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Minor Home Modifications

Units of Service \_\_\_\_\_ (1 occurrence)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Placement

Units of Service \_\_\_\_\_ (1 placement)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Homemaker

Units of Service \_\_\_\_\_ (1 hour)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Chore

Units of Service \_\_\_\_\_ (1 hour)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Home Security and Safety

Units of Service \_\_\_\_\_ (1 occurrence)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Assistive Devices

Units of Service \_\_\_\_\_ (1 single occurrence)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Visiting

Units of Service \_\_\_\_\_ (1 hour)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Home Delivered Meals

Units of Service \_\_\_\_\_ (1 meal)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Legal Assistance

Units of Service \_\_\_\_\_ (1 hour)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Peer Counseling

Units of Service \_\_\_\_\_ (1 hour)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Translation/Interpretation

Units of Service \_\_\_\_\_ (1 hour)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Income Support/Material Aid

Units of Service \_\_\_\_\_ (1 occurrence)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Money Management

Units of Service \_\_\_\_\_ (1 hour)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Registry

Units of Service \_\_\_\_\_ (1 match)

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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“Other-Specify” (Requires prior CDA approval)

Other: \_\_\_\_\_

Units of Service \_\_\_\_\_

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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Other: \_\_\_\_\_

Units of Service \_\_\_\_\_

Goal # \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

Objective #s \_\_\_\_\_

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## Family Caregiver Support Program Service Matrix

<b><u>Caregiver Criteria</u></b> <b>Eligible for Title III E Funded Services</b>	<b><u>Care Receiver Criteria</u></b> <b>Qualifies the Caregiver to Receive Title III E Funded Services</b>
<p style="text-align: center;"><b>18 or older</b></p> <p>Adult family member, or another individual, who is an informal provider of in-home and community care to an older individual [Meets eligibility criteria for Older Americans Act (OAA) programs, Title III, Part E, Sections 372 (2)]. Older individual is defined as one who is 60 or older (OAA, Title I, Section 102 (35). Meets eligibility criteria for OAA programs, Title III, Part E, Section 373 (c)(1)(A) &amp; (B).</p>	<p style="text-align: center;"><b>60 or older</b></p> <p>Meets eligibility criteria for OAA programs, Title III, Part E, Section 373 (a)(1) and Title I, Section 102 (26).</p>
<p style="text-align: center;"><b>60 or older</b></p> <p>Grandparent or step-grandparent or relative by blood or marriage, who is 60 or older, lives with the child, is the primary caregiver (because the parents are unable or unwilling), and has a legal relationship or is raising the child informally. Meets eligibility criteria for OAA programs, Title III, Part E, Sections 372 (3), and 373 (c)(1)(A) &amp; (B).</p>	<p style="text-align: center;"><b>18 or under</b></p> <p>Meets eligibility criteria for OAA programs, Title III, Part E, Section 372 (1).</p>

<b>Support Services</b>	<b>Service Categories/Units of Service/Definitions</b>	<b>Reference<sup>1</sup></b>	<b>Caregiver Profile Data<sup>2</sup></b>	<b>Care Receiver Profile Data<sup>2</sup></b>
<b>Service Information</b>	<p><b>Outreach - 1 Contact</b> Interventions initiated by an agency or organization for the purpose of identifying potential caregivers and encouraging their use of the existing services and benefits. <b>(Note: Units refer to individual, one-on-one contacts between a service provider and a caregiver.)</b></p>	N 14	N/A	N/A
	<p><b>Community Education – 1 Hour</b> To educate groups of caregivers about available services.</p>	MIS 09	N/A	N/A

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

Support Services	Service Categories/Units of Service/Definitions	Reference <sup>1</sup>	Caregiver Profile Data <sup>2</sup>	Care Receiver Profile Data <sup>2</sup>
<b>Access</b> (Assistance to caregivers in gaining access to services)	<b>Information and Assistance – 1 Contact</b> A service for caregivers that: (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; and (D) to the extent practicable, ensures that the individuals receive the services needed by the individuals and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.	N 13	N/A	N/A
	<b>Comprehensive Assessment – 1 Hour</b> To collect information about a caregiver with multiple needs (social, environmental, physical, or mental) and determine the necessary supportive or other appropriate services to meet those needs (may require a home visit).	MIS 32	YES	YES
	<b>Case Management – 1 Hour</b> To provide assistance either in the form of access or care coordination in circumstances where caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics, which require the provision of services by formal service providers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.	N 06	YES	YES
	<b>Transportation – 1 One-Way Trip</b> To provide a means for caregivers to go from one location to another.	N 10	N/A	N/A
	<b>Assisted Transportation – 1 One-Way Trip</b> To provide assistance, including escort, to a caregiver who has difficulties (physical or cognitive) using regular vehicular transportation.	N 09	YES	N/A

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

Support Services	Service Categories/Units of Service/Definitions	Reference <sup>1</sup>	Caregiver Profile Data <sup>2</sup>	Care Receiver Profile Data <sup>2</sup>
<b>Caregiver Support</b>	<b>Counseling – 1 Hour</b> To provide guidance and casework support for caregivers by trained social workers or other professionals, in order to enable the caregiver to make more effective use of services.	MIS 07 CBSP 57	YES	YES
	<b>Caregiver Support Group – 1 Hour Meeting</b> A group of three to twelve caregivers led by a competent facilitator, having the purpose of providing the caregivers with a forum to exchange “histories”, information, encouragement, hope, and support.	MIS 18	N/A	N/A
	<b>Caregiver Training –1 Contact</b> A workshop or one-on-one session to assist caregivers to develop the skills necessary to perform caregiving activities, including decision making and problem solving.	NEW	N/A	N/A
<b>Respite</b>	<b>Respite Care Services – 1 Hour</b> To provide temporary, substitute supports or living arrangements for a brief period of relief or rest for caregivers. It can be in the form of in-home respite, day care respite, or institutional respite for an overnight stay on an occasional or emergency basis. <b>Specify</b> in-home, day care, or institutional.	CBSP 34	YES	YES
<b>Supplemental Services</b> (Complements the care provided by caregivers- Limited to 20%)	<b>Minor Home Modification – 1 Occurrence</b> Minor modifications of homes that are necessary to facilitate the ability of caregivers to remain at home and that are not available under other programs.	MIS 01	YES	YES
	<b>Placement – 1 Placement</b> To assist a caregiver in securing appropriate living arrangements.	MIS 22	YES	YES

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

Support Services	Service Categories/Units of Service/Definitions	Reference <sup>1</sup>	Caregiver Profile Data <sup>2</sup>	Care Receiver Profile Data <sup>2</sup>
	<p><b>Homemaker</b> – 1 Hour To provide assistance to caregivers with the inability to perform one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.</p> <p><b>Chore</b> – 1 Hour To provide assistance to caregivers having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.</p> <p><b>Home Security and Safety</b> – 1 Occurrence To provide services for the caregivers' security and safety screening of their home environment, and by the provision of safety features such as: medical alert, grab bars, lock and deadbolts, smoke and burglar alarms, and emergency cash assistance for one time payment of energy bills.</p> <p><b>Assistive Devices</b> – 1 Single Occurrence To provide for rental or purchase and monthly fee service of electronic communication devices, emergency response equipment, and similar equipment to provide caregiver access to meet emergency needs (does not include telephones). Provides for purchase of items such as body braces, orthopedic shoes, walkers, and wheelchairs.</p> <p><b>Visiting</b> – 1 Hour To visit a caregiver to provide reassurance and comfort.</p>	<p>N 02</p> <p>N 03</p> <p>MIS 36 MIS 15</p> <p>CBSP 39</p> <p>MIS 31</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.



Support Services	Service Categories/Units of Service/Definitions	Reference <sup>1</sup>	Caregiver Profile Data <sup>2</sup>	Care Receiver Profile Data <sup>2</sup>
	<p><b>Home Delivered Meals – 1 Meal</b> To provide a caregiver under 60 years of age not eligible under Title III C, a meal which:</p> <ul style="list-style-type: none"> <li>a) complies with the Dietary Guidelines for Americans (published by the Secretaries of the Department of Health and Human Services and the United States Department of Agriculture);</li> <li>b) provides, if one meal is served, a minimum of 33 and 1/3 percent of the current daily Recommended Dietary allowances (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences;</li> <li>c) provides, if two meals are served together, a minimum of 66 and 2/3 percent of the current daily RDA; although there is no requirement regarding the percentage of the current RDA which an individual meal must provide, a second meal shall be balanced and proportional in calories and nutrients; and</li> <li>d) provides, if three meals are served together, 100 percent of the current daily RDA; although there is not a requirement regarding the percentage of the current daily RDA which an individual meal must provide, a second and third meal shall be balanced and proportional in calories and nutrients.</li> </ul>	N 04	YES	YES
	<p><b>Legal Assistance – 1 Hour</b> To provide the caregiver with legal advice, counseling, and representation by an attorney or other person acting under the supervision of an attorney.</p>	N 11	N/A	N/A
	<p><b>Peer Counseling - 1 Hour</b> To provide advice, guidance, and support for caregivers with their caregiving responsibilities. Peer counseling uses the skills and life experiences of caregivers in a self-help approach to mental health. Carefully trained volunteers provide supportive counseling under the close supervision of mental health professionals.</p>	MIS 7 CBSP 57	YES	YES

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

Support Services	Service Categories/Units of Service/Definitions	Reference <sup>1</sup>	Caregiver Profile Data <sup>2</sup>	Care Receiver Profile Data <sup>2</sup>
	<p><b>Translation/Interpretation</b> – 1 Hour To provide bilingual staff to translate/interpret for caregivers (e.g., medical appointments, Social Security, etc.), brochures, or other relevant materials informing caregivers about available benefits.</p> <p><b>Income Support/Material Aid</b> – 1 Occurrence Arrange for and provide assistance to caregivers in the form of emergency cash assistance or service vouchers for the purchase of goods or services (e.g., personal hygiene supplies, nutritional supplements, utility bills or other caregiver support), as needed, on an emergency basis.</p> <p><b>Money Management</b> – 1 Hour To provide assistance to a caregiver in the management of his or her income and assets. This may include, but not be limited to, payment of rent and utilities, purchase of food and other necessities, and payment of insurance premiums, deductibles, and co-payments.</p> <p><b>Registry</b> – 1 Match To compile and maintain a list of providers offering services that complement the care provided by the caregiver. To recruit, screen, and match providers with caregivers and caregivers with providers. To provide follow-up to verify that the services were obtained by the caregiver, and that the services met the caregiver's needs.</p> <p><b>Other</b> (Requires prior CDA approval). Send a written request describing the proposed service including: The service name, a precise definition, the unit of measure, and a justification.</p>	<p>MIS 4</p> <p>MIS 15</p> <p>MIS 27</p> <p>MIS 02 MIS 41</p> <p>N 15</p>	<p>N/A</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>To be determined</p>	<p>N/A</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>To be determined</p>

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.